#### Telephone (s)

## NOGALES HOUSING AUTHORITY P.O. Box 777 Nogales, AZ 85628

FOR OFFICE USE ONLY B/R 1 2 3 4 5 6

#### PLEASE PRINT

#### **PRE-APPLICATION**

ARE YOU BEING DISPLACED BY GOVERNMENT ACTION, PRIVATE ACTION OR NATURAL DISASTER?  ARE YOU LIVING IN SUBSTANDARD HOUSING?  ARE YOU CURRENTLY PAYING OVER 50% OF YOUR MONTHLY INCOME TOWARD RENT?  HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN DIAGNOSED WITH A TERMINAL ILLNESS? (Optional)  HAVE YOU RECENTLY BEEN REFERRED TO THE NOGALES HOUSING AUTHORITY BY THE DEPARTMENT  OF SOCIAL SERVICES OR CHILD PROTECTIVE SERVICES?  ARE YOU CURRENTLY INTERESTED IN JOB TRAINING/EDUCATION OR OTHER SERVICES?  IS A WHEELCHAIR REQUIRED FOR ANY HOUSEHOLD MEMBERS?  YES NO CONTACT.	SOCIAL SECURITY NO.						SEX: MALE	☐ FEMAI	E 🗆	
AMERICAN DODRESS (If different)  ARE YOU AND/OR SPOUSE 82 YEARS OF AGE OR OLDER? YES  OO  OO  OO  OO  OO  OO  OO  OO  OO	AME	LAST		FIDST	· · · · · ·		Barner F	INIT'A'		
AALLING ADDRESS (# different)  ARE YOU AND/OR SPOUSE 62 YEARS OF AGE OR OLDER? YES	CURRENT ADDRESS		<u> </u>				MIDDLE	NITIAL		
ARE YOU AND/OR SPOUSE 52 YEARS OF AGE OR OLDER? YES   NO   CONSIDER MYSELP:   WHITE   GRIENTAL   AMERICAN INDIAN   OTHER   TOTAL GROSS MONTHLY INCOME OF ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING WITH YOU \$  NER YOU AND/OR SPOUSE A U.S. VETERAN? YES   NO   CURRENT MONTHLY RENT   S  NER YOU AND/OR SPOUSE DISABLED OR HAND/CAPPED? YES   NO   CURRENT MONTHLY RENT   S  NER YOU AND/OR SPOUSE BOSABLED OR HAND/CAPPED? YES   NO   GRANT YOU PAY    NER YOU VISION IMPAIRED? (Optional)) YES   NO   RENT YOU PAY    NER YOU VISION IMPAIRED? (Optional)) YES   NO   GROWN YOU OCCUPY    HOW MAY WE BEST ACCOMMODATE THE SPECIAL NEEDS OF YOUR FAMILY?  DO YOU AND/OR SPOUSE WORK IN THE CITY OF NOGALES   F SHARING INMARE OF DEPROOMS YOU OCCUPY    HOW MAY WE BEST ACCOMMODATE THE SPECIAL NEEDS OF YOUR FAMILY?  DO YOU AND/OR SPOUSE WORK IN THE CITY OF NOGALES   F SHARING INMARE OF THE SPECIAL NEEDS OF YOUR FAMILY?  HOW MAY WE BEST ACCOMMODATE THE SPECIAL NEEDS OF YOUR FAMILY?  DO YOU BEING DISPLACED BY GOVERNMENT ACTION, PRIVATE ACTION OR NATURAL DISASTER? YES   NO   ARE YOU UNION IS UBDISTANDARD HOUSING? YES   NO   ARE YOU UNION IS UBDISTANDARD HOUSING? YES   NO   ARE YOU UNION IS UBDISTANDARD HOUSING? YES   NO   ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN DISAGNOSED WITH A TERMINAL ILLIESS? (Optional) YES   NO   ARE YOU CURRENTLY INTERESTED IN JOB TRAINING/EDUCATION OR OTHER SERVICES? YES   NO   YES   NO   CONTROL OF THE NOGALES HOUSING AUTHORITY BY THE DEPARTMENT? YES   NO   CAN ALL HOUSEHOLD MEMBERS, INCLUDING YOURSELE, CLIMB STAIRS TO A SECOND FLOOR APARTMENT? (Optional) YES   NO   CAN ALL HOUSEHOLD MEMBERS, INCLUDING YOUR SELF, CLIMB STAIRS TO A SECOND FLOOR APARTMENT? (Optional) YES   NO   COOLAL SECURITY OF THE NOGAL S	MAILING ADDRESS (if diff									
CONSIDER MYSELF:								DER? YES	□ NO	
ARE YOU AND/OR SPOUSE DISABLED OR HANDICAPPED? YES		☐ WHITE	AFRICAN A	MERICAN	☐ AME	RICAN INDIA	N			
ARE YOU AND/OR SPOUSE DISABLED OR HANDICAPPED? YES  NO CURRENT MONTHLY RENT SARE YOU VISION IMPAIRED? (Optional) YES NO RENTYOU PRY  ARE YOU VISION IMPAIRED? (Optional)) YES NO RENTYOU PRY  ARE YOU HEARING IMPAIRED? (Optional)) YES NO RENTYOU PRY  FYES, PLEASE EXPLAIN NATURE OF DISABILITY OR HANDICAP:  BY STANDAM OF SPOUSE WORK IN THE CITY OF NOGALES IF SHARING, NUMBER OF BEDROOMS YOU OCCUPY  HOW MAY WE BEST ACCOMMODATE THE SPECIAL NEEDS OF YOUR FAMILY?  DO YOU AND/OR SPOUSE WORK IN THE CITY OF NOGALES IF SHARING, NUMBER OF SECOND OCCUPY  HOW MAY WE BEST ACCOMMODATE THE SPECIAL NEEDS OF YOUR FAMILY?  DO YOU AND/OR SPOUSE WORK IN THE CITY OF NOGALES IF SHARING, NUMBER OF YOUR SECOND OCCUPY  HOW MAY WE BEST ACCOMMODATE THE SPECIAL NEEDS OF YOUR FAMILY?  DO YOU AND/OR SPOUSE WORK IN THE CITY OF NOGALES IF SHARING, NUMBER OF YOUR SECOND OF SECOND OCCUPY  HOW MAY WE BEST ACCOMMODATE THE SPECIAL NEEDS OF YOUR FAMILY?  DO YOU AND/OR SPOUSE WORK IN THE CITY OF NOGALES IF SHARING, NUMBER OF SECOND OCCUPY  HOW MAY WE BEST ACCOMMODATE THE SPECIAL NEEDS OF YOUR FAMILY?  DO YOU DEBING DISPLACED BY GOVERNMENT ACTION, PRIVATE ACTION OR NATURAL DISASTER?  YES NO CHAPTER OF THE YOUR HOUSEHOLD BEEN DISASTERS TO A SECOND RENT?  YES NO CHAPTER OF THE NOGALES HOUSING AUTHORITY BY THE DEPARTMENT OF SOCIAL SERVICES OF SERVICES OF INCOME?  WAS AN #HEELCHAPAR REQUIRED FOR ANY HOUSEHOLD MEMBERS?  YES NO CHAPTER OF THE NOGALES HOUSING AUTHORITY BY THE DEPARTMENT (Optional) YES NO CHAPTER SERVICES OF INCOME?  WAGES YES NO SOCIAL SECURITY OF THE POLLOWING SOURCES OF INCOME?  WAGES YES NO TO CHAPTE OF THE NOGALES HOUSING AUTHORITY OF THE POLLOWING SOURCES OF INCOME?  WAGES YES NO TO CHAPTE OF THE NOGALES HOUSING AUTHORITY OF THE POLLOWING SOURCES OF INCOME?  WAGES YES NO TO CHAPTE OF THE NOGALES HOUSING AUTHORITY OF THE POLLOWING SOURCES OF INCOME?  WAGES YES NO TO CHAPTE OF THE NOGALES HOUSING AUTHORITY OF THE POLLOWING SOURCES OF INCOME?  WAGES YES NO TO CHAPTE OF THE NOGALES HOUSING AUTHORITY OF THE POLLOWING SOURCES OF INCOME?  WAS AND	TOTAL GROSS MONTHLY	INCOME OF ALL I	HOUSEHOLD MEM	IBERS WHO W	ILL BE LI	VING WITH Y	OU \$			
ARE YOU VISION IMPAIRED? (Optional)  YES  NO  REN'YOU PAY  REYOU HEARING IMPAIRED? (Optional))  YES  NO  NUMBER OF BEDROOMS IN CURRENT RESIDENCE IF SHARING NUMBER OF BEDROOMS YOU OCCUPY  HOW MAY WE BEST ACCOMMODATE THE SPECIAL NEEDS OF YOUR FAMILY?  DO YOU AND/OR SPOUSE WORK IN THE CITY OF NOGALES IF YES, PLEASE GIVE ZIP CODE OF PLACE OF EMPLOYMENT YES  NO  ARE YOU BEING DISPLACED BY GOVERNMENT ACTION, PRIVATE ACTION OR NATURAL DISASTER?  YES  NO  ARE YOU LIVING IN SUBSTANDARD HOUSING?  ARE YOU CURRENTLY PAYING OVER 60% OF YOUR MONTHLY INCOME TOWARD RENT?  HAVE YOU RECENTLY BEEN REFERRED TO THE NOGALES MOUSING AUTHORITY BY THE DEPARTMENT OF SOCIAL SERVICES OR CHILD PROTECTIVE SERVICES?  YES  NO  ARE YOU CURRENTLY INTERESTED IN JOB STRAINING/EDUCATION OR OTHER SERVICES?  YES  NO  ARE YOU CURRENTLY INTERESTED IN JOB STRAINING/EDUCATION OR OTHER SERVICES?  YES  NO  ARE YOU CURRENTLY INTERESTED NO  TO SOCIAL SERVICES?  YES  NO  MOCOUNTED FOR ANY HOUSEHOLD MEMBERS?  YES  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	ARE YOU AND/OR SPOU	SE A U.S. VETERA	N?	YES 🗆	NO [	]				
ARE YOU HEARING IMPAIRED? (Optional))  YES	ARE YOU AND/OR SPOU	SE DISABLED OR I	HANDICAPPED?	YES 🗆	NO [	J cu	RRENT MON	THLY RENT	\$	
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DO YOU OR ANY HOUSEHOLD MEMBER WHO WILL BE LIVING WITH YOU HAVE THE FOLLOWING SOURCES OF INCOME?  WAGES  YES NO SS.I.  WELFARE  YES NO SOCIAL SECURITY  YES SOCIAL SECURITY NUMBER  FAMILY COMPOSITION  PERSONS WHO WILL LIVE WITH YOU INCLUDING YOUR UNBORN CHILD (Do not include yourself)  TO APPLICANT  DATE OF BIRTH  SEX  AGE  SOCIAL SECURITY NUMBER  SOCIAL SECURITY NUMBER	CAN ALL HOUSEHOLD N	MEMBERS, INCLUI	DING YOURSELF, (	CLIMB STAIRS	TO A SEC	OND FLOOR	APARTMEN	T? (Optional)	YES 🗆	NO 🗆
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		<u></u>					<u> </u>	1		
	Signature X		<del></del>				Date		<del></del>	

\* IMPORTANT: This application must be returned within seven (7) days, or the application date will be changed to reflect when it is actually received. Once you are on the Waiting List, your file will be dropped if you fail to report changes in address, income, houshold composition or other circumstances, respond to any correspondence, update or appointment, etc., and you will need to reapply.\*

NOTE: PUBLIC HOUSING APPLICANTS ARE SUBJECT TO CRIMINAL, RENTAL AND CREDIT RECORD CHECKS DURING THE SCREENING PROCESS.



## ADDENDUM TO PRE-APPLICATION

## Additional questions

1.	State or Federal sex offender registration program? (yes or no):
2.	Have you or a member of your family been found to have manufactured or produced methamphetamine on the premises of federally assisted housing? (yes or no)
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	PREGUNTAS ADICIONALES OBLIGATORIAS
1.	Usted o algun miembro de su familia es miembro del programa registro de delincuentes sexuales de por vida ? (si o no)
2.	Usted o algun miembro de su familia ha sido relacionado y/o culpado en la elaboracion de drogas metanfetaminas dentro de algun programa de vivienda federal? (Si o no)

#### NOGALES HOUSING AUTHORITY

951 N Kitchen St. / P.O. Box 777 Nogales, Az. 85628 (520) 287-4183 / Fax (520) 287-4802

## In order to process your application the following original documents are required:

- 1) Marriage license or Divorce decree if applicable.
- 2) Birth certificate for all family members applying.
- 3) Social security card for all members applying.
- 4) Picture I.D. for all adult household members (18 years and older) applying. And if Permanent Resident provide Permanent Resident Alien Card and ID.
- 5) Proof of income of all adult family members (including 18 years and older).
- 6) Proof of current address (water, gas or electric bill).

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# Para procesar su aplicación se requieren los siguientes documentos originales:

- 1) Acta de Matrimonio o Divorcio.
- 2) Acta de Nacimiento de todos los miembros de familia incluidos en la aplicación.
- 3) Tarjetas de Seguro Social de todos los miembros de familia incluidos en la aplicación.
- 4) Una identificación con foto de todos los adultos miembros de familia (18 años o mayores) incluidos en la aplicación. (si son residentes permanentes presentar su tarjeta de residente y una identificación con foto).
- 5) Comprobante de ingresos de todos los adultos incluidos en la aplicación. (mayores de 18 años).
- 6) Un Comprobante de Domicilio Actual (recibo de luz, agua o gas).

**GRACIAS.** 

## NOGALES HOUSING AUTHORITY

951 N Kitchen St. / P.O. Box 777 Nogales, Az. 85628 (520) 287-4183 / Fax (520) 287-4802

# Please list the landlords you have rented from the past seven years.

Telephone No: Address: Move in date: Monthly rent \$ Were you past due on rent? Yes No  2. Name of landlord: Telephone No: Address: Move in date: Monthly rent \$ Were you past due on rent? Yes No  3. Name of landlord: Telephone No: Address: Move in date: Monthly rent \$ Were you past due on rent? Yes No  4. Name of landlord: Telephone No: Address: Move in date: Monthly rent \$ Were you past due on rent? Yes No  4. Name of landlord: Telephone No: Address: Move in date: Move out date: Move out date: More you past due on rent? Yes No  1 hereby authorize the above lar to release any information as requested by the Nogales Housing Authority.	1.	Name of landlord:		
Address:  Move in date:  Monthly rent \$ Were you past due on rent? Yes No  2. Name of landlord:  Telephone No:  Address:  Move in date:  Monthly rent \$ Were you past due on rent? Yes No  3. Name of landlord:  Telephone No:  Address:  Move in date:  Move out date:  Move in date:  Move out date:  Monthly rent \$ Were you past due on rent? Yes No  4. Name of landlord:  Telephone No:  Address:  Move in date:  Move out date:		I Alannona Nio:		
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hereby authorize the above lar release any information as requested by the Nogales Housing Authority.		Monthly rent \$	Were you past due on rent? Yes	No
hereby authorize the above lar release any information as requested by the Nogales Housing Authority.				
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## NOGALES HOUSING AUTHORITY

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# **EMERGENCY CONTACT**

I	hereby give the fo	llowing information to the
Nogales Housing Authority that in crelative or friend.	case of an emergency you	can contact my nearest
The name and address of my relative	e or friend is the following	<b>)</b>
NAME	TELEPHONE	<del></del>
ADDRESS		
CITY / STATE / ZIP CODE		
NAME	TELEPHONE	
ADDRESS		
CITY / STATE/ ZIP CODE		
Residents Signature:		Date: